									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003								10714637						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	}	17		•			RATE FEE		7	RATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA		RA	BA	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\ \ \ \ minus 20=		•			7	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =						X43=		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=			
• 11	the difference	in column 1 is	less than zero, enter "0" in			cotumn	2	TOTAL		1	OR	TOTAL		
CLAIMS AS AMENDED - PART II												OTHER	THAN	
(Column 1) (Column 2) (Column 3)								S	MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESI		F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.17	Minus	• 6	20_	-6		×	\$ 9=		OR	X\$18=		
	Independent	• / .	Minus	(3	3	1	×	43=		OR	X86=		
	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		Ш	1	45=		OR	+290=		
								_	TOTAL	 		TOTAL		
(Column 1) (Column 2) (Column 3)									IT. FEE	<u> </u>	10	ADOIT. FEE	l 	
	6/11	CLAIMS		HIGH	EST	Ī				ADDI-	Y I		ADDF	
AMENDIMENT B	011/107	REMAINING AFTER AMENDMENT	·	PREVIO PAID F	USLY	PRESE		R	ATE	TIONAL		RATE	TIONAL FEE	
	Total	. 72	euniM	-2	0	• -	7	×	\$ 9=		OR	X\$18#		
	Independent	* /	Minus I TIPI E DE	PENDENT	CI AIM	1	\exists	X	43= /		OR	X96=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	290=		
	**************************************										OR	YOTAL DOIT, FEE		
(Column 1) (Column 2) (Column 3)													1	
MEN		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	EA USLY	PRESE		R	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		•		X	9=		OR	X\$18=		
	Independent		Minus	***		2		T _X	3=			X86=		
5	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							尸	<u>-</u>		OR			
	the enter in each or	na 1 is loss than the	onto la acti	مشدوهم	·	· 3	•		(5= ·		OR	+290=		
- H	the 'Highest Nur	nn 1 is less than the nber Previously Pai nber Speriously Pai	d For IN THE	S SPACE IS	less than	20, ente		ADDI	OTAL FEE		OR A	TOTAL ODIT, FEE		
		tiber Previously Pal ber Previously Paid						und in	the app	ropriate box	in colu	ımn 1.		

FORM PTO-875 (Rev. 1003)

Petert and Trademan Office, U.S. DEPARTMENT OF COMMERCE

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